

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? ASKED FOR RANK,

When? 10-17-17

What was their response? RANK WAS NOT CALLED, IN FACT IT WAS DENIED

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

AT APPROXIMATELY 11:25 PM, 10-17-17, OFFICER MARTINEZ, COMB
BEGAN TO WAKE ALL OFFENDERS ON Y-BLOCK, AND STATED THAT
THEY HAD TO STAND AT THE END OF THEIR CUBICLES, AND HAND
HIM THEIR ID CARDS, FAILING TO DO SO, OFFICER MARTINEZ
MADE AN ISSUE OUT OF IT BY HAVING ANOTHER OFFICER (NEW
BOOF NAME UNKNOWN), INDICATE THE BUNK NUMBER ON AN-
OTHER PIECE OF PAPER.

THE CAMERAS WILL SHOW THAT ALL OFFENDERS COMPLIED WITH
WHAT APPEARS TO BE AN UNLAWFUL ORDER, BUT FAILING TO
INSTANTLY COMPLY WITH OFFICER MARTINEZ'S ORDER GOT YOUR
BUNK NUMBER WRITTEN DOWN, WITH THE THREAT OF A DISCIPLINARY
CASE.

OFFICER MARTINEZ IN HIS UNAUTHORIZED Roster Count BY
WAKING OFFICERS AFTER 11:00PM VIOLATES PD-22, RULES #7,
#20, (OFFICER MARTINEZ IS THE ONLY OFFICER WHO WAKES OF-
FENDERS TO PRESENT THEIR ID'S), #33 (IN THIS CASE DENYING
OFFENDER'S ADEQUATE SLEEP), #37 (THIS BY EXHIBITING DIS-
RUPTIVE BEHAVIOR IN THE WORKPLACE),

OFFICER MARTINEZ'S BEHAVIOR IS CAUSING A HOSTILE WORK
ENVIRONMENT FOR OTHER OFFICERS BY CAUSING OFFENDERS TO
BE WAKENED BASED ON A RULE POLICY, PROCEDURE THAT ONLY
OFFICER MARTINEZ KNOWS, APPLIES, OR ENFORCES, OFFICERS AREN'T

1-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Annex F

PERMITTED TO IMPLEMENT A POLICY THAT DOESN'T EXIST. THE
OFFICER HAS THE OPPORTUNITY TO HAVE OFFENDERS STAND TO
PRESENT ID'S AT THE 8:00 PM ROSTER COUNT, WHEN OFFENDERS
ARE STILL AWAKE.

OFFICER MARTINEZ APPEARS TO TAKE PLEASURE IN WAKING UP
SLEEPING OFFENDERS NOT ONLY FOR COUNT/ID PRESENTATION
BUT HIS POLICY OF PASSING MAIL AFTER LIGHTS OUT.

Exhibit 1

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THIS ISN'T THE FIRST TIME OFFICER MARTINEZ HAS BEEN
GIVEN FOR THIS SAME PROCEDURE, AND IT IS DOUBTFUL IT

Step 1	<input checked="" type="checkbox"/>	Grievance #	Offender Name	TDCJ #	Unit
Step 2	<input type="checkbox"/>	7018025778	Gain, Roger	700474	ML



Texas Department of Criminal Justice

NOTICE OF EXTENSION

Offender Grievance Office

In accordance with the procedures outlined in BP-03.77, "Offender Grievances," and AD-03.82, "Management of Offender Grievances," you are hereby notified that additional time is necessary to complete the investigation of your:

Step 1 Grievance: (check the applicable box)

- An additional 30 days is needed for appropriate response to your disciplinary appeal.
- An additional 40 days is needed for appropriate response to your grievance.
- An additional 45 days is needed for appropriate response to your medical Step 1 grievance.

Step 2 Grievance: (check the applicable box)

- An additional 30 days is needed for appropriate response to your disciplinary appeal.
- An additional 40 days is needed for appropriate response to your Step 2 grievance.
- An additional 45 days is needed for appropriate response to your medical Step 2 grievance.

K. Fuentes, Clerk II

11/14/17

Name and Title

Date

Original – Send to the Offender

Copy – Attach to the Grievance

GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY									STEP 1		
									STEP 2 X		
Unit	R4	INV ID:	I1722	GR #	2018025778	Date Initiated:	03/09/18	Date Completed:	03/19/18	Due Date	03/17/2018
Offender Name:		FAIN, ROGER				TDCJ No:	700474	Housing:	ML		
Issue Code:		EMERGENCY	ADA	()	Property	()	Use of Force (UOF)	()			
815		YES	()	Disciplinary	()	Religion	()	Harassment or Retaliation*	()		
		NO	(X)	Medical	()	OPI Investigation	()	PREA	()		

*Harassment or Retaliation of Use of the Grievance Procedure, Access to Courts, or other Legal ActivityNote: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual abuse, sexual assault, criminal acts by staff, Excessive or Unreported UOF, the investigation must be conducted by the Office of Inspector General (OIG) and the OIG Fact Sheet completed.**Summary of Issue: (Include date, time and location):**

Offender is claiming Officer Martinez woke everyone up at 11:25 PM and ordered them to stand at the end of their bunk and to hand him their ID. Claims this is a violation of policy, Martinez is the only officer that does this, deprives offenders of sleep and is causing a hostile environment.

Requested Remedy:

Offender work early and sleep is necessary, roster count is conducted at 8:00 PM ID's can be personally presented at that time.

The following is to be completed and signed by the investigating Official. Attach statements/supporting documentation, if applicable.**Summary of Fact Finding Activity:**

CO V Martinez statement
Lt. Zambrano statement
SM-01.03 Count Procedures

Suggested Response to Offender:

Your complaint has been noted and was appropriately addressed at step one. A bed book account is performed during nighttime hours when offenders are confined to their housing areas. It is a physical count of offenders that requires a verbal response and positive identification of the offender using the offender's identification card. There is no evidence to support your allegations of harassment. No further action warranted.

OUTCOME CODE:	D	RESOLUTION CODE:	2.01	(Grievance Office Use Only)
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Investigating official completes the section below:

Printed Name:	K. Tollette	Signature:	
Title:	Program Supervisor III	Date:	March 9, 2018

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-0382. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.**Exhibit 1****155**



Texas Department of Criminal Justice

STEP 2**OFFENDER
GRIEVANCE FORM**Offender Name: Roger Fain TDCJ # 00700474Unit: McConnell Housing Assignment: 19 Y-007Unit where incident occurred: 19 Dorm - McConnell Unit

OFFICE USE ONLY	
Grievance #:	<u>2017 192 166</u>
UGI Recd Date:	<u>OCT 07 2017</u>
HQ Recd Date:	<u>OCT 05 2017</u>
Date Due:	<u>NOV 11 2017</u>
Grievance Code:	<u>815</u>
Investigator ID#:	<u>2197</u>
Extension Date:	

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

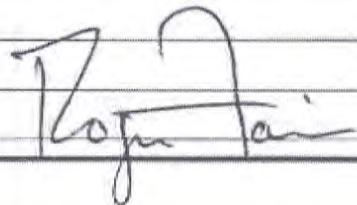
Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Warden C. Furr, failed to address the actual issue(s) of my Step-1 Grievance, and that was the Officer conducting count was waking people up, and having them stand at the end of their cubicle and present their ID to the Officer. This might not violate any standard rule of TDCJ-CID, but it clearly establishes that the Officer was intentionally doing something that is not apart of the standard count procedure.

Furthermore, when I asked to see rank, which I understand is in the rule book, the Officer stated that I needed to address the matter to rank, yet rank was never called, the issue of waking Offenders up at 11:30PM to stand and present their ID's could not be addressed by a ranking Officer, thus the matter was ignored by the Officers who should have been available to deal with the matter.

It seems that ever since the lawsuit against the lights being turned on, not allowing Offenders the proper amount of sleep, the Unit has gone out of its way to make a statement to the Offender population just who actually runs the Unit and implements the rules/policies/procedures even when no such rule(s) exists. Harassment, Retaliation and Abuse Of Authority do come to mind.

Offender Signature:



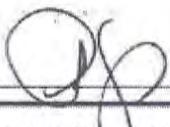
Date: October 15 2011

Grievance Response:

Submit one issue per grievance. Your complaint has been noted and was appropriately addressed at Step One. No further action warranted.

P Chapa, Assistant Regional Director

Signature Authority:



Date: 11/2/2011

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted.*
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
2 nd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
3 rd Submission	CGO Initials: _____
Date UGI Recd: _____	
Date CGO Recd: _____	
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	

Exhibit 1

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Texas Department of Criminal Justice



OFFENDER GRIEVANCE FORM

STEP 1

Offender Name: Roger Fair TDCJ # 700474
 Unit: Mc Connell Housing Assignment: 19 Y-007
 Unit where incident occurred: Mc Connell

OFFICE USE ONLY

Grievance #: 20171921650
 Date Received: 8-21-17
 Date Due: 9-30-17
 Grievance Code: B15
 Investigator ID #: 1900JD209
 Extension Date:
 Date Retd to Offender: SEP 27 2017

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? REQUESTED TO SEE RANK, IGNORED When? 11:30 AM 08/20/17

What was their response? OFFICER MARTINEZ STATED TO TALK TO RANK, NOT HIM

What action was taken? DENIED ACCESS TO RANK, WOKE UP TO "HAND ID TO OFFICER"

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

AUGUST 20TH 2017, AT 11:30 PM, OFFICER MARTINEZ WAS GOING BUNK TO BUNK WAKING EACH OFFENDER TO HAVE THEM STAND AT THE FOOT OF THE BUNK TO BE COUNTED. OFFICER MARTINEZ STATED "WAKE UP, HAVE YOUR ID IN HAND, AND STAND AT THE END OF THIS BUNK, YOU CAN GO BACK TO SLEEP."

OFFICER MARTINEZ'S ACTIONS AREN'T UNIT POLICY, THESE ACTIONS ARE OFFICER MARTINEZ'S INTERPRETATION OF RULES TO HARASS, TO WAKE UP, AND DENY OFFENDERS OF WHAT SLEEP THEY CAN GET IN THIS HELL, OFFICER MARTINEZ'S ACTIONS ARE UNPROFESSIONAL, IRRESPONSIBLE, AND IN VIOLATION OF TDCJ-CID POLICY CONCERNING SLEEP DEPRIVATION.

I WAS AWAKEN BY THE 8:30 PM COUNT OFFICER WHEN HE WAS TAKING A NAME / ID ROLL CALL COUNT.

IT ALWAYS SEEMS IT IS SOLELY THIS OFFICER WHO HARASSES OFFENDERS (MARTINEZ) ABOUT WAKING UP TO PRESENT ID'S. THIS ISN'T A MATTER OF A "WELLNESS CHECK" THIS IS JUST HIS WAY OF HARASSING OFFENDERS.

Action Requested to resolve your Complaint.

OFFICER MARTINEZ NEEDS TO BE EXPLAINED THE POLICY ABOUT ALLOWING 6 UNINTERRUPTED HOURS OF SLEEP, ROSTER COUNT WAS DONE AT 8:30 PM

Offender Signature: *Roger James*

Date: 08-20-17

Grievance Response:

Your complaint has been noted. Staff statement refutes your allegations, advising that count procedures were conducted in accordance to policy. Policy stipulates that the correctional officer shall verify they are counting a living, breathing offender, not an object. Correctional officers shall turn on count lights, dayroom lights or use flashlights to assist in conducting an accurate count at nighttime, if needed; furthermore, officers shall positively identify each offender using the offenders ID card. No policy violations occurred. No further action warranted by this office.

C. Furr Jr

Warden C. Furr

Date: SEP 26 2017

Signature Authority: *C. Furr Jr*
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant. Refer to grievance #_____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
2nd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	
3rd Submission	UGI Initials: _____
Grievance #: _____	
Screening Criteria Used: _____	
Date Recd from Offender: _____	
Date Returned to Offender: _____	

**TEXAS
DEPARTMENT OF CRIMINAL
JUSTICE**

OFFENDER GRIEVANCE PROGRAM

NOTICE

All documentation that follows this sheet is restricted and confidential and is not to be released without the authorization of the administrator of offender grievances.

**RESTRICTED
AND
CONFIDENTIAL**

Exhibit 1

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GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY						STEP 1 X			
						STEP 2			
Unit:	ML	Investigator ID:	1 2229	Date Initiated:	08/21/17	Date Completed:	09/21/17	Date Due:	09/30/17
Offender Name:		Fain, Roger		TDCJ No:	700474	Grievance Number:	2017192166		
Issue Code: 815	EMERGENCY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ADA Disciplinary Medical	() () ()	Property Religion OPI Investigation	() () ()	Use of Force (UOF) Harassment or Retaliation* PREA	() () ()		
<small>*Harassment or Retaliation of Use of the Grievance Procedure, Access to Courts, or other Legal Activity</small> <small>Note: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual abuse, sexual assault, criminal acts by staff, Excessive or Unreported UOF, the investigation must be conducted by the Office of Inspector General (OIG) and the OIG Fact Sheet completed.</small>									
Summary of Issue: (Include date, time and location): See Attached Narrative									
Requested Remedy: Officer Martinez needs to be explained the policy allowing 6 uninterrupted hours of sleep, roster count was done at 8:30pm.									

The following is to be completed and signed by the Investigating Official. Attach statements/supporting documentation, if applicable.

Summary of Fact Finding Activity:

Sent to: Ofc. A. Martinez 2AGP

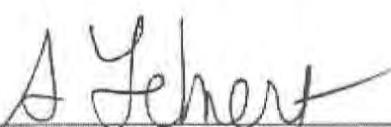
Suggested Response to Offender:

Your complaint has been noted. Staff statement refute your allegations, advising that count procedures were conducted in accordance to policy. Policy stipulates that the correctional officer shall verify they are counting a living, breathing offender, not an object. Correctional officers shall turn on count lights, dayroom lights or use flashlights to assist in conducting an accurate count at nighttime, if needed; furthermore, officers shall positively identify each offender using the offenders ID card. No policy violations occurred. No further action warranted by this office.

OUTCOME CODE: D RESOLUTION CODE: 201

Investigating official completes the section below:

Printed Name: SHEILA R. LEHNERT

Signature: 

Title: UGI

Date: 09/21/17

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-0362. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.

GRIEVANCE INVESTIGATION WORKSHEET

Official Statement

Unit: <u>ML</u>	Staff Name: <u>Ofc. Martinez 2AGP</u>	Grievance #: <u>2017192166</u>	Date: <u>08/21/17</u>
Offender Name: <u>Fain, Roger</u>	TDCJ#: <u>700474</u>	Housing Location: <u>19Y-7</u>	

In accordance with BP 03.77, you are required to participate in this investigation as noted. Address each allegation thoroughly. Do not respond with indefinite answers such as "I don't know" or "I have no knowledge of". If you have no knowledge, explain the reason why (e.g., I was on vacation; I was not assigned there, etc.) Your answers are to be factual, professional, and complete. Do not include opinions or unrelated comments. Remember, the Executive Director, Office of the Inspector General (OIG), Attorney General's Office and State and Federal Court Officials may review your response. All grievances are confidential and may not be discussed between you and the offender or with other individuals. You are expected to return this investigation within 10 working days of receipt. Additional time may be requested by contacting the grievance investigator. Sign and date the form in the designated locations when completed and return it to the Unit Grievance Office. If you were provided a narrative copy of the grievance, it must also be returned to the Unit Grievance Office. The grievance may not be duplicated or shared with the accused staff member.

Please Provide the Following Documents

<input type="checkbox"/> Participant(s) Statement	<input type="checkbox"/> Witness (es) Statement (signed)
<input type="checkbox"/> Activity Logs (Recreation, Shower, Feeding)	<input type="checkbox"/> Other
<input type="checkbox"/> Shift Roster	<input type="checkbox"/> Staff or Offender Protection Investigation
<input type="checkbox"/> Ingress/Egress Log	<input type="checkbox"/> Property Inventory Forms
<input type="checkbox"/> Property Confiscation Form	<input type="checkbox"/> Property Logs

ALLEGATIONS:

Please see attached and address all allegations.

EMPLOYEE STATEMENT: Due to the fact that I was conducting a proper roster count, I did speak loudly and ordered everyone multiple times to come to the end of the bunk, present their id, and afterwards they could go back to sleep, continue reading, or what they were doing. Officers are required to wake up offenders so they can be properly identified. I was asked why I was doing this because it was not policy. I stated that they could talk to me (when they came back around) so the issue could be further explained.

Martinez, Vicente

PRINTED NAME

Vic Martinez

8/30/17

SIGNATURE

DATE

CO III

RANK/TITLE

2AGP / security

SHIFT/DEPARTMENT

SUPERVISOR COMMENTS: Officer Martinez did conduct a proper roster count by policy and physically identified every offender

K. Fain, Jr.

PRINTED NAME

K. Fain, Jr.

DATE

RANK/TITLE

SIGNATURE

8/30/17

Who did you talk to (name, title)? REQUESTED TO SEE RANK, IGNORED When? 11:30 AM 08/20/17

What was their response? OFFICER MARTINEZ STATED TO TALK TO RANK, NOT HIM

What action was taken? DENIED ACCESS TO RANK, WOKE UP TO "HAND TO TO OFFICER".

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

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GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY							STEP 1				
							STEP 2 X				
Unit	R4	INV ID:	I2197	GR #	2017192166	Date Initiated:	11/02/17	Date Completed:	11/02/17	Due Date	11/11/17
Offender Name:		FAIN, ROGER			TDCJ No:	700474	Housing:	ML			
Issue Code:		EMERGENCY	ADA	()	Property	()	Use of Force (UOF)	()			
815	YES	()	Disciplinary	()	Religion	()	Harassment or Retaliation*	()			
	NO	(X)	Medical	()	OPI Investigation	()	PREA	()			

*Harassment or Retaliation of Use of the Grievance Procedure, Actions to Courts, or other Legal ActivityNote: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual abuse, sexual assault, criminal acts by staff, Excessive or Unreported UOF, the investigation must be conducted by the Office of Inspector General (OIG) and the OIG Fact Sheet completed.**Summary of Issue: (Include date, time and location):**

Offender is claiming that Officer Martinez is going bunk to bunk asking them to come to the front of the bunk with their ID's to do count. Offender claims that this is a way for Officer Martinez to harass and to wake up and deny offenders sleep as this is not policy and very unprofessional.

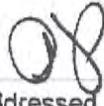
Requested Remedy:

Officer Martinez needs to be explained proper policy about allowing 6 hours of uninterrupted sleep as roster count was done at 8:30pm.

The following is to be completed and signed by the investigating Official. Attach statements/supporting documentation, if applicable.**Summary of Fact Finding Activity:**

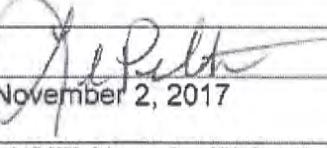
Officer Martinez statement
SM-01.03

Suggested Response to Offender:


Submit one issue per grievance. Your complaint has been noted and was appropriately addressed at Step One. No further action warranted.

OUTCOME CODE:	D	RESOLUTION CODE:	2.01	(Grievance Office Use Only)
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Investigating official completes the section below:

Printed Name:	L. PELITIRE	Signature:	
Title:	AA IV	Date:	November 2, 2017

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-0382. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.



Texas Department of Criminal Justice

STEP 2**OFFENDER
GRIEVANCE FORM**Offender Name: Roger Fain TDCJ # 00700474Unit: McConnell Housing Assignment: 19 Y-007Unit where incident occurred: Unit Infirmary**OFFICE USE ONLY**Grievance #: 2017179272UGI Recd Date: SEP 14 2017HQ Recd Date: SEP 18 2017Date Due: 10-29Grievance Code: 618

Investigator ID#: _____

Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I have once again brought forth a complaint against Ms. Tanya Lawson, Practice Manager of the McConnell Unit Infirmary, and once again Ms. Lawson answers the Grievance/Complaint against herself, (See attached document, I-60 dated 07-18-2017).

Ms. Lawson failed to address the issue(s) I raised against her and those concerning the Infirmary, i.e. failing to treat my medical condition with the appropriate medications. Furthermore, in her reply/response, Ms. Lawson compounds her continuing "mis-direction" by lying on a Official TDCJ-CID document, when she states that: "YOUR NAPROXEN PRESCRIPTION EXPIRED ON 4.2.17 AND WAS NOT RENEWED. YOU HAD COMPLETE BLOOD WORK ON IN APRIL, PRIOR TO YOUR CHRONIC CARE CLINIC THAT GAVE THE PROVIDER THE PROPER INFORMATION TO MAKE HIS DETERMINATION." This statement is a lie, and an attempt at mis-directing the issue(s) raised.

Prior to my April 28th 2017 Chronic Care Clinic I did not have any blood work done. My last blood work was done after my Chronic Care Clinic in 2016, and at no time was the bloodwork taken and analyzed for my kidneys or to determine if Naproxen was damaging my kidney function.

I have arthritis, I have serious swelling in my elbows, finger joints, and feet, Naproxen is the medication prescribed for the proper treatment for arthritis, the only reason it was discontinued was due to money concerns, and one 325mg aspirin, and 25mg Nortriptyline replaced the proper treatment, and I have given notice to the Infirmary/Ms. Lawson that the pain is greater than the treatment. Her response, "you may require a higher dose..." Ms. Lawson has over stepped her job description as Practice Manager and is giving medical advice, and this is an issue I put forth in my step-one, a grievance that Ms. Lawson herself answered.

Ms. Lawson is a stickler for an Offender to abide by the rules of UTMB, but she herself is in violation herself of Rules, Procedures and Policies of TDCJ-CID. Furthermore, I attached the I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Exhibit 1

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Appendix G

the original I-60 dated 7.18.2017, but for some reason when the grievance was returned, the attachment was missing, so I have once again attached a copy of the I-60 so as to assist in the determination of this grievance.

~~ATTACHMENT, COPY I-60~~

Offender Signature: Roger Pain Date: September 12th 2017

Grievance Response:

A review of the Step 1 Medical Grievance has been completed regarding your complaint to be given another medication for your arthritis pain. Also you complained to be 'treated properly and given the proper medication to treat the inflammation and pain of arthritis. You complained for the infirmary to revise policy on treating Offenders.

The review shows you are currently prescribed Aspirin which is a pain/anti-inflammatory medication. Also, the indication for Nortriptyline states it relief symptoms of depression and chronic pain. Appellate review of your Health Record shows on 07/27/2017, you were seen by the Mental Health (MH) provider and you requested to know whether Nortriptyline is a psychotropic medication. You were informed by the MH provider that Nortriptyline can be prescribed to ameliorate/alleviate symptoms of depression and can be prescribed by the medical department for medical reasons to include pain control. The documentation in your Health Record shows you have been afforded access to proper medical care.

If you feel your medical condition has changed or warrants further evaluation, submit a Sick Call Request to discuss your concerns with a licensed medical provider.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority:

Date: 9/29/17

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted.*
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	
2 nd Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	
3 rd Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened <input type="checkbox"/> Improperly Submitted	Comments: _____
Date Returned to Offender: _____	

Exhibit 1

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Texas Department of Criminal Justice



STEP 1

OFFENDER
GRIEVANCE FORMAccept As Original *cl*Offender Name: Roger Fain TDCJ # 00700474Unit: Wm.G.McConnell Housing Assignment: 19 Y-007Unit where incident occurred: Unit Infirmary

OFFICE USE ONLY

Grievance #: Q017171272Date Received: 7.27.17Date Due: 9.10.17Grievance Code: C018Investigator ID #: 14502226

Extension Date:

Date Retd to Offender: SEP 08 2017

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 per CMHC Policy 21.1 Tanya Lawson, Manager When? 7.18.17

What was their response? Didn't address the issues, just informed me to fill out a sick-call request

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On July 18th 2017, I sent to Ms. Lawson, Practice Manager an I-60 per CMHC Policy 21.1 where it's necessary to attempt an informal resolution of the matter. I stated my problem, (see attachment), and Ms. Lawson's reply was I was given another medication for pain for my arthritis because the medical department seems to be of the opinion that the proper medicine for my pain for arthritis could cause me liver & kidney problems.

Naproxen is the prescribed medicine for arthritis pain & inflammation, I was receiving this, and it was doing the job, but after two 90 day cycles I was removed from this proper med to what Ms. Lawson and Medical Director Kwarteng stated is a better treatment, I am given one 325mg aspirin, and 25mg Nortriptyline, neither of these meds is for inflammation of the joints, which is swelling of the area, thus causing the pain, aspirin is an all purpose pain med, but Nortriptyline is in its proper usage is for anti-depressant behavior, and by the attached I-60, Ms. Lawson wants me to have the dosage doubled. Again, neither of this new prescribed meds are for inflammation, which is the cause of the pain.

Furthermore, both Ms. Lawson, and Medical Director Kwarteng state that Naproxen would cause serious liver & kidney problems, yet at no time have either ever had me tested for liver problems, or kidney problems, their practice here on this Units Infirmary is to treat whatever ailment that an Offender states he has, without doing a proper work-up or physical examination of the problem. In my case I was seen about 18 months ago for a routine annual examination, I explained about pain in my feet, hands and elbow, without even looking at me, examining the areas in question x-rays were ordered, and later the x-rays revealed arthritic areas, but there was at no time any follow up evaluations or examinations, no hands on review of what I was complaining about.

I don't ride sick call, the medical department doesn't care that my condition is causing me

Case 5:20-cv-01149-DAE Document 94-5 Filed 03/31/22 Page 16 of 53
a great deal of pain & suffering, thus they are medically indifferent to my medical needs and treatment, the I-60 is required to begin the process of the grievance procedure, I have made an effort to resolve this matter with Ms. Lawson as is required by CMHC Policy 12.1, her reply was unsatisfactory, thus I will proceed with a Step-I.

* ATTACHED ORIGINAL I-60 *

Action Requested to resolve your Complaint.
I wish to be treated properly, and given the proper medication to treat the inflammation and pain of arthritis, and I wish to have the infirmary to revise their policy on treating Offenders.

Offender Signature: John T. 700474 Date: July 24th 2017 (5:00 PM)
Grievance Response:

Offender Pain, aspirin is non-steroidal anti-inflammatory drug, or NSAID; exactly the same as Naproxen. It was the first NSAID to be used. Nortriptyline is commonly used to control long term-chronic pain, being far more effective than other classes of drugs for that use. Your creatinine level is high enough to make prescribing you Naproxen contra-indicated. Your Naproxen prescription expired on 4/2/17 and was not renewed. You had complete blood work on in April, prior to your Chronic Care Clinic that gave the provider the proper information to make his determination. I do not make clinical decisions. I merely attempt to educate/explain why a decision was made when a patient submits an informal grievance.

Signature Authority: Young, Jan Date: 8-31-17
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # _____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

TEXAS DEPARTMENT OF CRIMINAL JUSTICE — INSTITUTIONAL DIVISION

INMATE REQUEST TO OFFICIAL

REASON FOR REQUEST: (Please check one)

PLEASE ABIDE BY THE FOLLOWING CHANNELS OF COMMUNICATION. THIS WILL SAVE TIME, GET YOUR REQUEST TO THE PROPER PERSON, AND GET AN ANSWER TO YOU MORE QUICKLY.

- Unit Assignment, Transfer (Chairman of Classification, Administration Building)
- Restoration of Lost overtime (Unit Warden-if approved, it will be forwarded to the State Disciplinary Committee)
- Request for Promotion in Class or to Trusty Class (Unit Warden- if approved, will be forwarded to the Director of Classification)
- Clemency-Pardon, parole, early out-mandatory supervision (Board of Pardons and Paroles, 8610 Shoal Creek Blvd. Austin, Texas 78757)
- Visiting List (Asst. Director of classification, Administration Building)
- Parole requirements and related information (Unit Parole Counselor)
- Inmate Prison Record (Request for copy of record, information on parole eligibility, discharge date, detainees-Unit Administration)
- Personal Interview with a representative of an outside agency (Treatment Division, Administration Building)

TO: Ms. TANYA LAWSON, Practice Manager
(Name and title of official)DATE: 07-12-17ADDRESS: MC CONNELL UNIT

SUBJECT: State briefly the problem on which you desire assistance.

* PER CMHC POLICY 12.1 *Ms. Lawson,

I HAVE BEEN DIAGNOSED, AND DOCUMENTED FOR HAVING ARTHRITIS, L. FOOT, HANDS & ELBOW. I WAS PRESCRIBED 1000 MG NAPROXEN, OR DAW-INFLAMMATION RELIEF, DAILY 2 GO DAY KOP'S, MEDICAL DIRECTOR KNARTEK DISCONTINUED IT, GAVE ME 1 325 MG ASPIRIN PER DAY, AND 1 25 MG NORTRIPTYLINE, WHICH IS A ANTI-DEPRESSANT, A PSYCH DRUG. DUE TO LACK OF PROPER MEDICAL TREATMENT, AND MEDICAL INDIFFERENCE TO MY MEDICAL ISSUES, ARTHRITIS WITH SWELLING AND CONSTRAINED PAIN, AGGRAVATED BY THE FACT THAT I WORK IN THE GARMENT FACTORY 4 DAYS WEEK, I FEEL I HAVE NO RECOUSE BUT TO GO THROUGH THE GRIEVANCE PROCEDURE TO EXHAUST MY ADMINISTRATIVE REMEDIES AND THUS TAKE THIS MATTER TO COURT.

Name: ROGER RAINNo: 700474Unit: McCONNELLLiving Quarters: 194-007Work Assignment: GARMENT FACTORY

DISPOSITION: (Inmate will not write in this space)

RECEIVED JUL 19 2017

Nortriptyline is used to treat long term chronic pain. It is more effective for this use than other pain medications and does not have the negative **Exhibit 1** effects to your liver or kidneys. It typically takes 2-3 weeks to be effective and you may require a higher dose please submit a sick call. TANYA LAWSON CL 7-10-17

**TEXAS
DEPARTMENT OF CRIMINAL
JUSTICE**

OFFENDER GRIEVANCE PROGRAM

NOTICE

All documentation that follows this sheet is restricted and confidential and is not to be released without the authorization of the administrator of offender grievances.

**RESTRICTED
AND
CONFIDENTIAL**

GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY				STEP 1 X
				STEP 2
Unit: <u>ML</u>	Investigator ID: <u>I-7320</u>	Date Initiated: <u>07/27/17</u>	Date Completed: <u>SEP 07 2017</u>	Date Due: <u>09/10/17</u>
Offender Name: <u>Fain, Roger</u>		TDCJ No: <u>700474</u>	Grievance No: <u>2017179272</u>	
Issue Code: 618	EMERGENCY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ADA <input type="checkbox"/> Disciplinary <input type="checkbox"/> Medical <input checked="" type="checkbox"/>	Property <input type="checkbox"/> Religion <input type="checkbox"/> OPI Investigation <input type="checkbox"/>	Use of Force (UOF) <input type="checkbox"/> Harassment or Retaliation * <input type="checkbox"/> PREA <input type="checkbox"/>

*Harassment or Retaliation of Use of the Grievance Procedure, Access to courts, or other Legal ActivityNote: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual abuse, sexual assault, criminal acts by staff, Excessive or Unreported UOF, the investigation must be conducted by the Office of Inspector General (OIG) and the OIG Fact Sheet Completed.**Summary of Issue:** (include date, time and location): Offender claims he needs to return to his prescription of naproxen because aspirin and nortriptyline do not reduce his swelling.**Requested Remedy:** I wish to be treated properly and given the proper medication.

The following is to be completed and signed by the Investigating Official. Attach statements/support documentation, if applicable.

Summary of Fact Finding Activity: Sent to Medical

Suggested Response to Offender: Offender Fain, aspirin is a non-steroidal anti-inflammatory drug, or NSAID; exactly the same as Naproxen. It was the first NSAID to be used. Nortriptyline is commonly used to control long-term chronic pain, being far more effective than other classes of drugs for that use. Your creatinine level is high enough to make prescribing you Naproxen contra-indicated. Your Naproxen prescription expired 4/26/17 and was not renewed.

OUTCOME CODE: O RESOLUTION CODE: 2.D1 (Grievance Office Use Only)

Investigating Official completes the section below.

Printed Name: TANYA LAWSONSignature: Tanya LawsonTitle: SR. PRACTICE MANAGERDate: 8-31-17

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-03.82. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.

You had complete blood work done in April, prior to your chronic care clinic that gave the provider the proper information to make his determination. I do not make clinical decisions. I merely attempt to educate/explain why a decision was made when a patient submits an informal grievance.

Exhibit 1

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Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORM

Offender Name: Roger Fain TDCJ # 00700474
 Unit: Wm.G.McConnell Housing Assignment: 19 Y-007
 Unit where incident occurred: Unit Infirmary

OFFICE USE ONLY	
Grievance #:	<u>2017171272</u>
Date Received:	<u>7.27.17</u>
Date Due:	<u>9.10.17</u>
Grievance Code:	<u>C018</u>
Investigator ID #:	<u>1950</u>
Extension Date:	
Date Retd to Offender:	

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 per CMHC Policy 21.1 Tanya Lawson, Manager When? 7.18.17

What was their response? Didn't address the issues, just informed me to fill out a sick-call request

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On July 18th 2017, I sent to Ms. Lawson, Practice Manager an I-60 per CMHC Policy 21.1 where it's necessary to attempt an informal resolution of the matter. I stated my problem, (see attachment), and Ms. Lawson's reply was I was given another medication for pain for my arthritis because the medical department seems to be of the opinion that the proper medicine for my pain for arthritis could cause me liver & kidney problems.

Naproxen is the prescribed medicine for arthritis pain & inflammation, I was receiving this, and it was doing the job, but after two 90 day cycles I was removed from this proper med to what Ms. Lawson and Medical Director Kwarteng stated is a better treatment, I am given one 325mg aspirin, and 25mg Nortriptyline, neither of these meds is for inflammation of the joints, which is swelling of the area, thus causing the pain, aspirin is an all purpose pain med, but Nortriptyline is in its proper usage is for anti-depressant behavior, and by the attached I-60, Ms. Lawson wants me to have the dosage doubled. Again, neither of this new prescribed meds are for inflammation, which is the cause of the pain.

Furthermore, both Ms. Lawson, and Medical Director Kwarteng state that Naproxen would cause serious liver & kidney problems, yet at no time have either ever had me tested for liver problems, or kidney problems, their practice here on this Units Infirmary is to treat whatever ailment that an Offender states he has, without doing a proper work-up or physical examination of the problem. In my case I was seen about 18 months ago for a routine annual examination, I explained about pain in my feet, hands and elbow, without even looking at me, examining the areas in question x-rays were ordered, and later the x-rays revealed arthritic areas, but there was at no time any follow up evaluations or examinations, no hands on review of what I was complaining about.

I don't ride sick call, the medical department doesn't care that my condition is causing me

Offender Fain, aspirin is non-steroidal anti-inflammatory drug, or NSAID; exactly the same as Naproxen. It was the first NSAID to be used. Nortriptyline is commonly used to control long term-chronic pain, being far more effective than other classes of drugs for that use. Your creatinine level is high enough to make prescribing you Naproxen contra-indicated. Your Naproxen prescription expired on 4/2/17 and was not renewed. You had complete blood work on in April, prior to your Chronic Care Clinic that gave the provider the proper information to make his determination. I do not make clinical decisions. I merely attempt to educate/explain why a decision was made when a patient submits an informal grievance.

Grievance Investigation Worksheet
Restricted & Confidential

Grievance Office Use Only				Step 1
				Step 2 X
Unit: ML - MCCONNELL Investigator ID: RKE3160 Date Initiated: 9/19/17				Date Completed: 9/28/17 Due Date: 10/29/17
Offender Name: FAIN,ROGER TDCJ No: 00700474				Grievance No: 2017179272
Issue Code: 618	Emergency Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	ADA <input type="checkbox"/> Disciplinary <input type="checkbox"/> Medical <input checked="" type="checkbox"/>	Property <input type="checkbox"/> Religion <input type="checkbox"/> OPI Investigation <input type="checkbox"/>	PREA <input type="checkbox"/> Use of Force (UOF) <input type="checkbox"/> Harrassment or Retaliation * <input type="checkbox"/>
* Harassment or Retaliation for use of the Grievance Procedure, Access to Courts, or other legal activity				

NOTE: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual assault, sexual abuse, criminal acts by staff, Excessive or Unreported UCF, the investigation must be conducted by the Office of the Inspector General (OIG) and the OIG Fact Sheet completed.

Summary of Issue: (include date, time and location.) See Step 1 OG-01 Grievance Investigation Worksheet

Offender Fain complained he was given another medication for pain for his arthritis because the medical department seems to be of the opinion that the proper medicine for his arthritis pain could cause liver and kidney problems. He complained to be treated properly and given the proper medication to treat the inflammation and pain of arthritis. Also, he complained for the infirmary to revise their policy on treating Offenders. //

Requested Remedy: See Step 1 OG-01 Grievance Investigation Worksheet.

The following is to be completed and signed by the Investigating Official. Attach Statements/Support Documentation, if applicable.

Summary of Fact Finding Activity:

Concur with findings from Step 1. //

Suggested Response to Offender:

A review of the Step 1 Medical Grievance has been completed regarding your complaint to be given another medication for your arthritis pain. Also you complained to be treated properly and given the proper medication to treat the inflammation and pain of arthritis. You complained for the infirmary to revise policy on treating Offenders. //The review shows you are currently prescribed Aspirin which is a pain/anti-inflammatory medication. Also, the indication for Nortriptyline states it relieves symptoms of depression and chronic pain. Appellate review of your Health Record shows on 07/27/2017, you were seen by the Mental Health (MH) provider and you requested to know whether Nortriptyline is a psychotropic medication. You were informed by the MH provider that Nortriptyline can be prescribed to ameliorate/alleviate symptoms of depression and can be prescribed by the medical department for medical reasons to include pain control. The documentation in your Health Record shows you have been afforded access to proper medical care. //If you feel your medical condition has changed or warrants further evaluation, submit a Sick Call Request to discuss your concerns with a licensed medical provider.

OUTCOME CODE: DENIED/NO ACTION IS WARRANTED (Grievance Office Use Only)

RESOLUTION CODE: 2.02

Investigating Official completes the section below.

Printed Name: KELLY, ROSALYN

Signature: Rosalyn Kelly, RN

Title: RN II

Date: 9/29/17

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-03.82. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.

Dale Dorman, RN
Manager III
TDCJ Health Services



Texas Department of Criminal Justice
STEP 2 **OFFENDER**
GRIEVANCE FORM

Offender Name: Roger Fain TDCJ # 00700474
 Unit: McConnell Housing Assignment: 19 Building Y-Dorm
 Unit where incident occurred: 19 Building Y-Dorm

OFFICE USE ONLY	
Gravance #	<u>2018025779</u>
Rec'd Date	<u>DEC 20 2017</u>
Off. Rec'd Date	<u>DEC 28 2017</u>
Date Due	<u>1/29</u>
Amount Due	<u>\$15,999</u>
Appeal Due	
Comments	

You must attach the completed Step 1 grievance form to this form before it can be accepted. You may not appeal if Step 1 was not filed or if it was denied.

Give reason for appeal (Be Specific). *I am a victim of an Officer who failed to do his job correctly.*

It is obvious that the Warden's response is just a blow-off of the issue presented to him as well as many others. When an issue is brought forth with numerous Offender's stating the same thing, not only from the same Dorm, but from others and the Grievance Investigator finds that the "Investigation Failed To Produce Substantial Evidence To Support Your Allegations..." some thing is seriously flawed with the investigation of said claim, and the investigator who fails to properly investigate the issues brought forth.

It is apparent to me that the investigator's investigation was just to ask the Officer involved in the incident grieved if the matter is true or not??? Name one Officer working for TDCJ-CID who would admit wrong doing in any type of investigation. When asked it is apparent Officer Martinez stated he did nothing wrong, that he was only doing his assigned job...

My Step-I states a number of claims that are all from the same incident, and since this Office only recognizes "One Issue Per Grievance" here is my issue I wish to put forth, the Grievance Procedure On The McConnell Unit Is A Joke, and that is the gist of my issue.

Offender Signature: _____ Date: December 16th 2017

Grievance Response: _____

Signature Authority: _____ Date: _____

Returned because: *Resubmit this form when corrections are made.

1. Grievable time period has expired.
 2. Illegible/Incomprehensible.*
 3. Originals not submitted. * *Signature*
 4. Inappropriate/Excessive attachments.*
 5. Malicious use of vulgar, indecent, or physically threatening language.
 6. Inappropriate.*

CGO Staff Signature: *U Relative DRB*

OFFICE USE ONLY	
Initial Submission	CGO Initials: <i>UP</i>
Date U/G Recd: <i>12-20</i>	
Date CGO Recd: <i>12-28-17</i>	
(check one) <input checked="" type="checkbox"/> Screened	Improperly Submitted
Comments: <i># 3</i>	<i>Signature</i>
Date Returned to Offender: <i>1-23-18</i>	
2nd Submission	CGO Initials: _____
Date U/G Recd _____	
Date CGO Recd _____	
(check one) <input type="checkbox"/> Screened	Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
3rd Submission	CGO Initials: _____
Date U/G Recd _____	
Date CGO Recd _____	
(check one) <input type="checkbox"/> Screened	Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	

Exhibit 1

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Texas Department of Criminal Justice

**STEP 1 OFFENDER
GRIEVANCE FORM**

Offender Name: Roger Fair TDCJ # 0070047V
 Unit: McConnel Housing Assignment: 19 Y 007
 Unit where incident occurred: McConnel, Dorm 19 Y

OFFICE USE ONLY	
Grievance #:	<u>2018025778</u>
Date Received:	<u>10-18-17</u>
Date Due:	<u>11-27-17</u>
Grievance Code:	<u>815</u>
Investigator ID #:	<u>1900 2475</u>
Extension Date:	<u>1-6</u>
Date Retd to Offender:	<u>DEC 15 2017</u>

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? ASKED FOR RANK, When? 10-17-17

What was their response? RANK WAS NOT CALLED, IN FACT IT WAS DENIED

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

AT APPROXIMATELY 11:25 PM, 10-17-17, OFFICER MARTINEZ, COMB BEGAN TO WAKE ALL OFFENDERS ON Y-DORM, AND STATED THAT THEY HAD TO STAND AT THE END OF THEIR CUBICLES, AND HAND HIM THEIR ID CARDS, FAILING TO DO SO, OFFICER MARTINEZ MADE AN ISSUE OUT OF IT BY HAVING ANOTHER OFFICER (NEW BOOR, NAME UNKNOWN), INDICATE THE BUNK NUMBER ON ANOTHER PIECE OF PAPER.

THE CAMERAS WILL SHOW THAT ALL OFFENDERS COMPLIED WITH WHAT APPEARS TO BE AN UNLAWFUL ORDER, BUT FAILING TO INSTANTLY COMPLY WITH OFFICER MARTINEZ'S ORDER GOT YOUR BUNK NUMBER WRITTEN DOWN, WITH THE THREAT OF A DISCIPLINARY CASE.

OFFICER MARTINEZ IN HIS UNAUTHORIZED LOSTON COURT BY WAKING OFFICERS AFTER 11:00PM VIOLATES PD-22, RULES #7, #20, (OFFICER MARTINEZ IS THE ONLY OFFICER WHO WAKES OFFENDERS TO PRESENT THEIR ID'S), #23 (IN THIS CASE DENYING OFFENDER'S ADEQUENT SLEEP), #37 (THIS BY EXHIBITING DISRUPTIVE BEHAVIOR IN THE WORK PLACE).

OFFICER MARTINEZ'S BEHAVIOR IS CAUSING A HOSTILE WORK ENVIRONMENT FOR OTHER OFFICERS BY CAUSING OFFENDERS TO BE WAKENED BASED ON A RULE, POLICY, PROCEDURE THAT ONLY OFFICER MARTINEZ KNOWS, APPLIES, OR ENFORCES, OFFICERS AREN'T

PERMITTED TO IMPLEMENT A POLICY THAT DOESN'T EXIST. ~~Officer~~
 OFFICER HAS THE OPPORTUNITY TO HANG OFFENDERS SLOWLY TO
 PRESENT ID'S AT THE 8:00 PM ROSTER COUNT, WHEN OFFENDERS
 ARE STILL AWAKE.

OFFICER MARTINEZ APPEARS TO TAKE PLEASURE IN WAKING UP
 SLEEPING OFFENDERS NOT ONLY FOR COUNT/ID PRESENTATION
 BUT HIS POLICY OF PASSING OUT MAIL AFTER LIGHTS OUT.
 THIS ISN'T THE FIRST TIME OFFICER MARTINEZ HAS BEEN
 GRIEVING FOR THIS SAME PROCEDURE, AND IT IS DOUBTFUL IT
 WILL BE RESOLVED BY THIS PROCEDURE OF DOING A GRIEVANCE.

Action Requested to resolve your Complaint.

OFFENDERS WORK EARLY AND SLEEP IS NECESSARY, ROSTER COUNT IS
 CONDUCTED AT 8:00 PM ID'S CAN BE "PERSONALLY" PRESENTED AT THAT TIME

Offender Signature: John Fair (SUBMITTED @ 3:00 AM) Date: 10-17-17

Grievance Response: Your claim has been reviewed. Investigation failed to produce substantiated evidence to support your allegations against Officer Martinez. Count procedures are a very important part of security measures, therefore, it is very important that all offenders are accounted for. Officer Martinez is performing his job duties accordingly. No further action warranted by this office.

C. Furr Warden C. Furr

Date: DEC 13 2017

Signature Authority:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language *
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance # _____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

Exhibit 1

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #: _____	Screening Criteria Used: _____
Date Recd from Offender: _____	Date Returned to Offender: _____
2 nd Submission	UGI Initials: _____
Grievance #: _____	Screening Criteria Used: _____
Date Recd from Offender: _____	Date Returned to Offender: _____
3 rd Submission	UGI Initials: _____
Grievance #: _____	Screening Criteria Used: _____
Date Recd from Offender: _____	Date Returned to Offender: _____

**TEXAS
DEPARTMENT OF CRIMINAL
JUSTICE**

OFFENDER GRIEVANCE PROGRAM

NOTICE

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**RESTRICTED
AND
CONFIDENTIAL**

Exhibit 1

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GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY			STEP 1 X	
			STEP 2	
Unit: <u>ML</u>	Investigator ID: <u>1-2475</u>	Date Initiated: <u>10/18/17</u>	Date Completed: <u>12/13/17</u> Date Due: <u>11/27/17</u>	
Offender Name: <u>Fain, Roger</u>		TDCJ No: <u>00700474</u>	Grievance Number: <u>2018025778</u>	
Issue Code: 815	EMERGENCY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	ADA Disciplinary <input type="checkbox"/> Medical <input type="checkbox"/>	Property <input type="checkbox"/> Religion <input type="checkbox"/> OPI Investigation <input type="checkbox"/>	Use of Force (UOF) <input type="checkbox"/> Harassment or Retaliation* <input type="checkbox"/> PREA <input type="checkbox"/>

*Harassment or Retaliation of Use of the Grievance Procedure, Access to Courts, or other Legal Activities

Note: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual abuse, sexual assault, criminal acts by staff, Excessive or Unreported UOF, the investigation must be conducted by the Office of Inspector General (OIG) and the OIG Fact Sheet completed.

Summary of Issue: (Include date, time and location):
See Attached Narrative

Requested Remedy:

The following is to be completed and signed by the Investigating Official. Attach statements/supporting documentation, if applicable.

Summary of Fact Finding Activity:

Sent to: Ofc. V. Martinez 2A/GP

SM - 01.03 Count Procedures**Suggested Response to Offender:**

Your claim has been reviewed. Investigation failed to produce substantiated evidence to support your allegations against Officer Martinez. Count procedures are a very important part of security measures, therefore, it is very important that all offenders are accounted for. Officer Martinez is performing his job duties accordingly. No further action warranted by this office.

OUTCOME CODE: D RESOLUTION CODE: 2.01

Investigating official completes the section below:

Printed Name: M. HugoSignature: M. HugoTitle: Investigator IIIDate: 12/13/17

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-0382. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.

Exhibit 1**181**

GRIEVANCE INVESTIGATION WORKSHEET

Official Statement

Unit: <u>ML</u>	Staff Name: <u>Ofc. V. Martinez 2A/GP</u>	Grievance #: <u>2018025778</u>	Date: <u>10/18/17</u>
Offender Name: <u>Fain, Roger</u>	TDCJ#: <u>00700474</u>	Housing Location: <u>19Y-007</u>	

In accordance with BP 03.77, you are required to participate in this investigation as noted. Address each allegation thoroughly. Do not respond with indefinite answers such as "I don't know" or "I have no knowledge of". If you have no knowledge, explain the reason why (e.g., I was on vacation; I was not assigned there, etc.). Your answers are to be factual, professional, and complete. Do not include opinions or unrelated comments. Remember, the Executive Director, Office of the Inspector General (OIG), Attorney General's Office and State and Federal Court Officials may review your response. All grievances are confidential and may not be discussed between you and the offender or with other individuals. You are expected to return this investigation within 10 working days of receipt. Additional time may be requested by contacting the grievance investigator. Sign and date the form in the designated locations when completed and return it to the Unit Grievance Office. If you were provided a narrative copy of the grievance, it must also be returned to the Unit Grievance Office. The grievance may not be duplicated or shared with the accused staff member.

Please Provide the Following Documents

<input type="checkbox"/> Participant(s) Statement	<input type="checkbox"/> Witness (es) Statement (signed)	<input type="checkbox"/> Other
<input type="checkbox"/> Activity Logs (Recreation, Shower, Feeding)	<input type="checkbox"/> Shift Roster	<input type="checkbox"/> Staff or Offender Protection Investigation
<input type="checkbox"/> Ingress/Egress Log	<input type="checkbox"/> Property Confiscation Form	<input type="checkbox"/> Property Inventory Forms
<input type="checkbox"/> Property Log		<input type="checkbox"/> Property Logs

ALLEGATIONS:

Please see attached and address all allegations.

EMPLOYEE STATEMENT: During a proper roster count, I order offenders to come to the end of the bunk to present their id for a proper roster count. If they fail to comply I do write a disciplinary case for disobeying orders. I do not take pleasure in waking up offenders but have to because it's how it's supposed to be done to properly identify offenders.

Martinez, V
PRINTED NAME

V
SIGNATURE

10/31/17
DATE

C O III
RANK/TITLE

2A/GP /security
SHIFT/DEPARTMENT

SUPERVISOR COMMENTS: Officer Martinez did conduct a proper roster count by waking the offenders up to verify their identity.

K. Zambard
PRINTED NAME

KZY
SIGNATURE

10/31/17
DATE

RANK/TITLE

ZAGP
SHIFT/DEPARTMENT

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? ASKED FOR RANK,

When? 10-17-17

What was their response? RANK WAS NOT CALLED, IN FACT IT WAS DENIED

What action was taken? NONE

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

AT APPROXIMATELY 11:25 PM, 10-17-17, OFFICER MARTINEZ, COMB
BEGAN TO WAKE ALL OFFENDERS ON Y-DORM, AND STATED THAT
THEY HAD TO STAND AT THE END OF THEIR CUBICLES, AND HAND
HIM THEIR ID CARDS, FAILING TO DO SO, OFFICER MARTINEZ
MADE AN ISSUE OUT OF IT BY HAVING ANOTHER OFFICER (NEW
BOOF, NAME UNKNOWN), INDICATE THE BUNK NUMBER ON AN-
OTHER PIECE OF PAPER.

THE CAMERAS WILL SHOW THAT ALL OFFENDERS COMPLIED WITH
WHAT APPEARS TO BE AN UNLAWFUL ORDER, BUT FAILING TO
INSTANTLY COMPLY WITH OFFICER MARTINEZ'S ORDER GOT YOUR
BUNK NUMBER WRITTEN DOWN, WITH THE THREAT OF A DISCIPLINARY
CASE.

OFFICER MARTINEZ IN HIS UNAUTHORIZED ROSTER COUNT BY
WAKING OFFICERS AFTER 11:00PM VIOLATES PD-22, RULES #7,
#20, (OFFICER MARTINEZ IS THE ONLY OFFICER WHO WAKES OF-
FENDERS TO PRESENT THEIR ID'S), #23 (IN THIS CASE DENYING
OFFENDER'S ADEQUATE SLEEP), #37 (THIS BY EXHIBITING DIS-
RUPTIVE BEHAVIOR IN THE WORK PLACE),

OFFICER MARTINEZ'S BEHAVIOR IS CREATING A HOSTILE WORK
ENVIRONMENT FOR OTHER OFFICERS BY CAUSING OFFENDERS TO
BE WAKENED BASED ON A RULE, POLICY, PROCEDURE THAT ONLY
OFFICER MARTINEZ KNOWS, APPLIES, OR ENFORCES, OFFICERS AREN'T

I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

(OVER)

Appendix F

PERMITTED TO IMPLEMENT A POLICY THAT DOESN'T EXIST. THE
OFFICER HAS THE OPPORTUNITY TO HAVE OFFENDERS STAND TO
PRESENT ID'S AT THE 8:00 PM ROSTER COUNT, WHEN OFFENDERS
ARE STILL AWAKE.

OFFICER MARTINEZ APPEARS TO TAKE PLEASURE IN WAKING UP
SLEEPING OFFENDERS NOT ONLY FOR COUNT/ID PRESENTATION
BUT HIS POLICY OF PASSING OUT MAIL AFTER LIGHTS OUT.
Exhibit 1 185
THIS ISN'T THE FIRST TIME OFFICER MARTINEZ HAS BEEN
GIVEN FOR THIS SAME PROCEDURE, AND IT IS DOUBTFUL IT

Step 1	<input checked="" type="checkbox"/>	Grievance #	Offender Name	TDCJ #	Unit
Step 2	<input type="checkbox"/>	7018025738	Gain, Roger	700474	ML



Texas Department of Criminal Justice

NOTICE OF EXTENSION

Offender Grievance Office

In accordance with the procedures outlined in BP-03.77, "Offender Grievances," and AD-03.82, "Management of Offender Grievances," you are hereby notified that additional time is necessary to complete the investigation of your:

Step 1 Grievance: (*check the applicable box*)

- An additional 30 days is needed for appropriate response to your disciplinary appeal.
- An additional 40 days is needed for appropriate response to your grievance.
- An additional 45 days is needed for appropriate response to your medical Step 1 grievance.

Step 2 Grievance: (*check the applicable box*)

- An additional 30 days is needed for appropriate response to your disciplinary appeal.
- An additional 40 days is needed for appropriate response to your Step 2 grievance.
- An additional 45 days is needed for appropriate response to your medical Step 2 grievance.

K. Fuentes, Clerk II

11/14/17

Name and Title

Date

Original – Send to the Offender

Copy – Attach to the Grievance



Texas Department of Criminal Justice

STEP 2**OFFENDER
GRIEVANCE FORM**Offender Name: Roger Fain TDCJ # 00700474Unit: McConnell Housing Assignment: 19 Y-007Unit where incident occurred: 19 Dorm - McConnell Unit**OFFICE USE ONLY**Grievance #: 2017 192 166UGI Recd Date: OCT 07 2017HQ Recd Date: OCT 05 2017Date Due: NOV 11 2017Grievance Code: 815Investigator ID#: 2197

Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

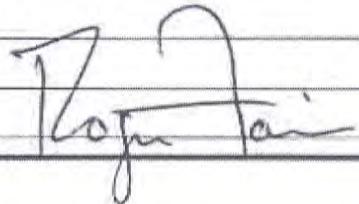
Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

Warden C. Furr, failed to address the actual issue(s) of my Step-1 Grievance, and that was the Officer conducting count was waking people up, and having them stand at the end of their cubicle and present their ID to the Officer. This might not violate any standard rule of TDCJ-CID, but it clearly establishes that the Officer was intentionally doing something that is not apart of the standard count procedure.

Furthermore, when I asked to see rank, which I understand is in the rule book, the Officer stated that I needed to address the matter to rank, yet rank was never called, the issue of waking Offenders up at 11:30PM to stand and present their ID's could not be addressed by a ranking Officer, thus the matter was ignored by the Officers who should have been available to deal with the matter.

It seems that ever since the lawsuit against the lights being turned on, not allowing Offenders the proper amount of sleep, the Unit has gone out of its way to make a statement to the Offender population just who actually runs the Unit and implements the rules/policies/procedures even when no such rule(s) exists. Harassment, Retaliation and Abuse Of Authority do come to mind.

Offender Signature:



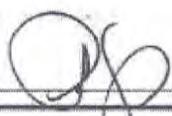
Date: December 13 2011

Grievance Response:

Submit one issue per grievance. Your complaint has been noted and was appropriately addressed at Step One. No further action warranted.

P Chapa, Assistant Regional Director

Signature Authority:



Date: 11/2/2011

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Read: _____	
Date CGO Read: _____	
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
2 nd Submission	CGO Initials: _____
Date UGI Read: _____	
Date CGO Read: _____	
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
3 rd Submission	CGO Initials: _____
Date UGI Read: _____	
Date CGO Read: _____	
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	

Exhibit 1

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**STEP 1****OFFENDER
GRIEVANCE FORM**

Offender Name: Roger Fair TDCJ # 700474
 Unit: Mc Connell Housing Assignment: 19 Y-007
 Unit where incident occurred: Mc Connell

OFFICE USE ONLY

Grievance #: 20171921606Date Received: 8.21.17Date Due: 9.30.17Grievance Code: B15Investigator ID #: 1950JD209

Extension Date:

Date Retd to Offender: SEP 27 2017

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? REQUESTED TO SEE RANK, IGNORED When? 11:30 AM 09/20/17

What was their response? OFFICER MARTINEZ STATED TO TALK TO RANK, NOT HIM

What action was taken? DENIED ACCESS TO RANK, WOKE UP TO "HAND TO TO OFFICAL".

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

AUGUST 20TH 2017, AT 11:30 PM, OFFICER MARTINEZ WAS GOING BUNK TO BUNK WAKING EACH OFFENDER TO HAVE THEM STAND AT THE FOOT OF THE BUNK TO BE COUNTED. OFFICER MARTINEZ STATED "WAKE UP, HAVE YOUR ID IN HAND, AND STAND AT THE END OF THIS BUNK, YOU CAN GO BACK TO SLEEP."

OFFICER MARTINEZ'S ACTIONS AREN'T UNIT POLICY, THESE ACTIONS ARE OFFICER MARTINEZ'S INTERPRETATION OF RULES TO HARASS, TO WAKE UP, AND DENY OFFENDERS OF WHAT SLEEP THEY CAN GET IN THIS HEAT, OFFICER MARTINEZ'S ACTIONS ARE UNPROFESSIONAL, IRRESPONSIBLE, AND IN VIOLATION OF TDCJ-CID POLICY CONCERNING SLEEP DEPRIVATION.

I WAS AWAKEN BY THE 8:30 PM COUNT OFFICER WHERE HE WAS TAKING A NAME / ID FOR COUNT.

IT ALWAYS SEEMS IT IS SOLELY THIS OFFICER WHO HARASSES OFFENDERS (MARTINEZ) ABOUT WAKING UP TO PRESENT ID'S. THIS ISN'T A MATTER OF A "WELLNESS CHECK" THIS IS JUST HIS WAY OF HARASSING OFFENDERS.

Action Requested to resolve your Complaint.

OFFICER MARTINEZ NEEDS TO BE EXPLAINED THE POLICY ABOUT ALLOWING 6 UNINTERRUPTED HOURS OF SLEEP, ROSTER COUNT WAS DONE AT 8:30 PM

Offender Signature: *Roger Jam*

Date: 08-20-17

Grievance Response:

Your complaint has been noted. Staff statement refute your allegations, advising that count procedures were conducted in accordance to policy. Policy stipulates that the correctional officer shall verify they are counting a living, breathing offender, not an object. Correctional officers shall turn on count lights, dayroom lights or use flashlights to assist in conducting an accurate count at nighttime, if needed; furthermore, officers shall positively identify each offender using the offenders ID card. No policy violations occurred. No further action warranted by this office.

C. Furr Jr

Warden C. Furr

Date: SEP 26 2017

Signature Authority: *C. Furr Jr*
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response.
State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance #_____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY	
Initial Submission	UGI Initials: _____
Grievance #: _____	Screening Criteria Used: _____
Date Recd from Offender: _____	Date Returned to Offender: _____
2nd Submission	UGI Initials: _____
Grievance #: _____	Screening Criteria Used: _____
Date Recd from Offender: _____	Date Returned to Offender: _____
3rd Submission	UGI Initials: _____
Grievance #: _____	Screening Criteria Used: _____
Date Recd from Offender: _____	Date Returned to Offender: _____

**TEXAS
DEPARTMENT OF CRIMINAL
JUSTICE**

OFFENDER GRIEVANCE PROGRAM

NOTICE

All documentation that follows this sheet is restricted and confidential and is not to be released without the authorization of the administrator of offender grievances.

**RESTRICTED
AND
CONFIDENTIAL**

Exhibit 1

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GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY		STEP 1 X		
		STEP 2		
Unit: <u>ML</u>	Investigator ID: <u>1 2229</u>	Date Initiated: <u>08/21/17</u>	Date Completed: <u>09/21/17</u>	Date Due: <u>09/30/17</u>
Offender Name: <u>Fair, Roger</u>		TDCJ No: <u>700474</u>	Grievance Number: <u>2017192166</u>	
Issue Code: 815	EMERGENCY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	ADA <input type="checkbox"/> Disciplinary <input checked="" type="checkbox"/> Medical	() Property () Religion () OPI Investigation	() Use of Force (UOF) () Harassment or Retaliation* () PREA
<small>*Harassment or Retaliation of Use of the Grievance Procedure, Access to Courts, or other Legal Activity</small> <small>Note: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual abuse, sexual assault, criminal acts by staff, Excessive or Unreported UOF, the investigation must be conducted by the Office of Inspector General (OIG) and the OIG Fact Sheet completed.</small>				
Summary of Issue: (Include date, time and location): See Attached Narrative				
Requested Remedy: Officer Martinez needs to be explained the policy allowing 6 uninterrupted hours of sleep, roster count was done at 8:30pm.				

The following is to be completed and signed by the Investigating Official. Attach statements/supporting documentation, if applicable.

Summary of Fact Finding Activity:

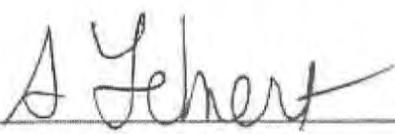
Sent to: Ofc. A. Martinez 2AGP

Suggested Response to Offender:

Your complaint has been noted. Staff statement refute your allegations, advising that count procedures were conducted in accordance to policy. Policy stipulates that the correctional officer shall verify they are counting a living, breathing offender, not an object. Correctional officers shall turn on count lights, dayroom lights or use flashlights to assist in conducting an accurate count at nighttime, if needed; furthermore, officers shall positively identify each offender using the offenders ID card. No policy violations occurred. No further action warranted by this office.

OUTCOME CODE: D RESOLUTION CODE: 201

Investigating official completes the section below:

Printed Name: SHEILA R. LEHNERTSignature: Title: UGIDate: 09/21/17

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-0382. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.

Exhibit 1

GRIEVANCE INVESTIGATION WORKSHEET

Official Statement					
Unit: <u>ML</u>	Staff Name: <u>Ofc. Martinez 2AGP</u>	Grievance #: <u>2017192166</u>	Date: <u>08/21/17</u>		
Offender Name: <u>Fain, Roger</u>	TDCJ#: <u>700474</u>	Housing Location: <u>19Y-7</u>			

In accordance with BP 03.77, you are required to participate in this investigation as noted. Address each allegation thoroughly. Do not respond with indefinite answers such as "I don't know" or "I have no knowledge of". If you have no knowledge, explain the reason why (e.g., I was on vacation; I was not assigned there, etc.) Your answers are to be factual, professional, and complete. Do not include opinions or unrelated comments. Remember, the Executive Director, Office of the Inspector General (OIG), Attorney General's Office and State and Federal Court Officials may review your response. All grievances are confidential and may not be discussed between you and the offender or with other individuals. You are expected to return this investigation within 10 working days of receipt. Additional time may be requested by contacting the grievance investigator. Sign and date the form in the designated locations when completed and return it to the Unit Grievance Office. If you were provided a narrative copy of the grievance, it must also be returned to the Unit Grievance Office. The grievance may not be duplicated or shared with the accused staff member.

Please Provide the Following Documents

<input type="checkbox"/> Participant(s) Statement	
<input type="checkbox"/> Witness (es) Statement (signed)	
<input type="checkbox"/> Activity Logs (Recreation, Shower, Feeding)	<input type="checkbox"/> Other
<input type="checkbox"/> Shift Roster	<input type="checkbox"/> Staff or Offender Protection Investigation
<input type="checkbox"/> Ingress/Egress Log	<input type="checkbox"/> Property Inventory Forms
<input type="checkbox"/> Property Confiscation Form	<input type="checkbox"/> Property Logs

ALLEGATIONS:

Please see attached and address all allegations

EMPLOYEE STATEMENT: Due to the fact that I was conducting a proper roster count, I did speak loudly and ordered everyone multiple times to come to the end of the bunk, present their id, and afterwards they could go back to sleep, continue reading or what they were doing. Officers are allowed to wake up offenders so they can be properly identified. I was asked why I was doing this because it wasn't policy. I stated that they could talk to me (when they came back around) so the issue could be further explained.

Martinez, Vicente

PRINTED NAME

Vic Martinez

SIGNATURE

8/30/17

DATE

CO III

RANK/TITLE

2A GP / security

SHIFT/DEPARTMENT

SUPERVISOR COMMENTS:

Officer Martinez did conduct a proper roster count by policy and physically identified every offender

K. Embree

PRINTED NAME

K. Embree

SIGNATURE

RANK/TITLE

SHIFT/DEPARTMENT

8/30/17

DATE

Case 5:20-cv-01149-DAE Document 94-5 Filed 03/31/22 Page 45 of 53
You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title)? REQUESTED TO SEE RANK, IGNORED When? 11:30 AM 03/20/17
What was their response? OFFICER MARTINEZ STATED TO TALK TO RANK, NOT HIM
What action was taken? DENIED ACCESS TO RANK, WOKE UP TO "HAND TO TO OFFICER".

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate
AUGUST 20TH 2017, AT 11:30 PM, OFFICER MARTINEZ WAS GOING BUNK TO BUNK WAKING EACH OFFENDER TO HAVE THEM STAND AT THE FOOT OF THE BUNK TO BE COUNTED. OFFICER MARTINEZ STATED "WAKE UP, HAVE YOUR ID IN HAND, AND STAND AT THE END OF THE BUNK, YOU CAN GO BACK TO SLEEP."

OFFICER MARTINEZ'S ACTIONS AREN'T OUR POLICY, THESE ACTIONS ARE OFFICER MARTINEZ'S INTERPRETATION OF RULES TO HARASS, TO WAKE UP, AND DENY OFFENDERS OF WHAT SLEEP THEY CAN GET IN THIS HELL, OFFICER MARTINEZ'S ACTIONS ARE UNPROFESSIONAL, IRRESPONSIBLE, AND IN VIOLATION OF TDCJ-CID POLICY CONCERNING SLEEP DEPRIVATION.

I WAS AWAKEN BY THE 8:30 PM COUNT OFFICER WHEN HE WAS TAKING A NAME / ID RASTER COUNT.
IT ALWAYS SEEMS IT IS SOLELY THIS OFFICER WHO HARASSES OFFENDERS (MARTINEZ) ABOUT WAKING UP TO PRESENT ID'S. THIS ISN'T A MATTER OF A "WELLNESS CHECK" THIS IS JUST HIS WAY OF HARASSING OFFENDERS

GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY							STEP 1				
							STEP 2 X				
Unit	R4	INV ID:	I2197	GR #	2017192166	Date Initiated:	11/02/17	Date Completed:	11/02/17	Due Date	11/11/17
Offender Name:		FAIN, ROGER				TDCJ No:	700474	Housing:	ML		
Issue Code:		EMERGENCY	ADA	()	Property	()	Use of Force (UOF)	()			
815		YES	()	Disciplinary	()	Religion	()	Harassment or Retaliation*	()		
		NO	(X)	Medical	()	OPI Investigation	()	PREA	()		

**Harassment or Retaliation of Use of the Grievance Procedure, Access to Courts, or other Legal Activity*

Note: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual abuse, sexual assault, criminal acts by staff, Excessive or Unreported UOF, the investigation must be conducted by the Office of Inspector General (OIG) and the OIG Fact Sheet completed.

Summary of Issue: (Include date, time and location):

Offender is claiming that Officer Martinez is going bunk to bunk asking them to come to the front of the bunk with their ID's to do count. Offender claims that this is a way for Officer Martinez to harass and to wake up and deny offenders sleep as this is not policy and very unprofessional.

Requested Remedy:

Officer Martinez needs to be explained proper policy about allowing 6 hours of uninterrupted sleep as roster count was done at 8:30pm.

The following is to be completed and signed by the Investigating Official. Attach statements/supporting documentation, if applicable.

Summary of Fact Finding Activity:

Officer Martinez statement
SM-01.03

Suggested Response to Offender:

Submit one issue per grievance. Your complaint has been noted and was appropriately addressed at Step One. No further action warranted.

OUTCOME CODE:	D	RESOLUTION CODE:	2.01	(Grievance Office Use Only)
---------------	---	------------------	------	-----------------------------

Investigating official completes the section below:

Printed Name:	L. PELITIRE	Signature:	
Title:	AA IV	Date:	November 2, 2017

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-03B2. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.



Texas Department of Criminal Justice

STEP 2**OFFENDER
GRIEVANCE FORM**Offender Name: Roger Fain TDCJ # 00700474Unit: McConnell Housing Assignment: 19 Y-007Unit where incident occurred: Unit Infirmary**OFFICE USE ONLY**Grievance #: 2017179272UGI Recd Date: SEP 14 2017HQ Recd Date: SEP 18 2017Date Due: 10-29Grievance Code: 618

Investigator ID#: _____

Extension Date: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...

I have once again brought forth a complaint against Ms. Tanya Lawson, Practice Manager of the McConnell Unit Infirmary, and once again Ms. Lawson answers the Grievance/Complaint against herself, (See attached document, I-60 dated 07-18-2017).

Ms. Lawson failed to address the issue(s) I raised against her and those concerning the Infirmary, i.e. failing to treat my medical condition with the appropriate medications. Furthermore, in her reply/response, Ms. Lawson compounds her continuing "mis-direction" by lying on a Official TDCJ-CID document, when she states that: "YOUR NAPROXEN PRESCRIPTION EXPIRED ON 4.2.17 AND WAS NOT RENEWED. YOU HAD COMPLETE BLOOD WORK ON IN APRIL, PRIOR TO YOUR CHRONIC CARE CLINIC THAT GAVE THE PROVIDER THE PROPER INFORMATION TO MAKE HIS DETERMINATION." This statement is a lie, and an attempt at mis-directing the issue(s) raised.

Prior to my April 28th 2017 Chronic Care Clinic I did not have any blood work done. My last blood work was done after my Chronic Care Clinic in 2016, and at no time was the bloodwork taken and analyzed for my kidneys or to determine if Naproxen was damaging my kidney function.

I have arthritis, I have serious swelling in my elbows, finger joints, and feet, Naproxen is the medication prescribed for the proper treatment for arthritis, the only reason it was discontinued was due to money concerns, and one 325mg aspirin, and 25mg Nortriptyline replaced the proper treatment, and I have given notice to the Infirmary/Ms. Lawson that the pain is greater than the treatment. Her response, "you may require a higher dose..." Ms. Lawson has over stepped her job description as Practice Manager and is giving medical advice, and this is an issue I put forth in my step-one, a grievance that Ms. Lawson herself answered.

Ms. Lawson is a stickler for an Offender to abide by the rules of UTMB, but she herself is in violation herself of Rules, Procedures and Policies of TDCJ-CID. Furthermore, I attached the I-128 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

Exhibit 1

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(OVER)

Appendix G

the original I-60 dated 7.18.2017, but for some reason when the grievance was returned, the attachment was missing, so I have once again attached a copy of the I-60 so as to assist in the determination of this grievance.

~~*ATTACHMENT,COPY I-60*~~

Offender Signature: Roger Bain 700474 Date: September 12th 2017

Grievance Response:

A review of the Step 1 Medical Grievance has been completed regarding your complaint to be given another medication for your arthritis pain. Also you complained to be 'treated properly and given the proper medication to treat the inflammation and pain of arthritis. You complained for the infirmary to revise policy on treating Offenders.

The review shows you are currently prescribed Aspirin which is a pain/anti-inflammatory medication. Also, the indication for Nortriptyline states it relief symptoms of depression and chronic pain. Appellate review of your Health Record shows on 07/27/2017, you were seen by the Mental Health (MH) provider and you requested to know whether Nortriptyline is a psychotropic medication. You were informed by the MH provider that Nortriptyline can be prescribed to ameliorate/alleviate symptoms of depression and can be prescribed by the medical department for medical reasons to include pain control. The documentation in your Health Record shows you have been afforded access to proper medical care.

If you feel your medical condition has changed or warrants further evaluation, submit a Sick Call Request to discuss your concerns with a licensed medical provider.

STEP II MEDICAL GRIEVANCE PROGRAM
OFFICE OF PROFESSIONAL STANDARDS
TDCJ HEALTH SERVICES DIVISION

Signature Authority:

Date: 9/29/17

Returned because: *Resubmit this form when corrections are made.

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible.*
- 3. Originals not submitted.*
- 4. Inappropriate/Excessive attachments.*
- 5. Malicious use of vulgar, indecent, or physically threatening language.
- 6. Inappropriate.*

CGO Staff Signature: _____

OFFICE USE ONLY	
Initial Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
2 nd Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	
3 rd Submission	CGO Initials: _____
Date UGI Recd:	_____
Date CGO Recd:	_____
(check one) <input type="checkbox"/> Screened	<input type="checkbox"/> Improperly Submitted
Comments: _____	
Date Returned to Offender: _____	

Exhibit 1

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Texas Department of Criminal Justice



STEP 1

OFFENDER
GRIEVANCE FORMAccept As Original *cl*

Offender Name: Roger Fain TDCJ # 00700474
 Unit: Wm.G. McConnell Housing Assignment: 19 Y-007
 Unit where incident occurred: Unit Infirmary

OFFICE USE ONLY

Grievance #: 2017171272Date Received: 7.27.17Date Due: 9.10.17Grievance Code: C018Investigator ID #: 19502226

Extension Date:

Date Reid to Offender: SEP 08 2017

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 per CMHC Policy 21.1 Tanya Lawson, Manager When? 7.18.17

What was their response? Didn't address the issues, just informed me to fill out a sick-call request

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On July 18th 2017, I sent to Ms. Lawson, Practice Manager an I-60 per CMHC Policy 21.1 where it's necessary to attempt an informal resolution of the matter. I stated my problem, (see attachment), and Ms. Lawson's reply was I was given another medication for pain for my arthritis because the medical department seems to be of the opinion that the proper medicine for my pain for arthritis could cause me liver & kidney problems.

Naproxen is the prescribed medicine for arthritis pain & inflammation, I was receiving this, and it was doing the job, but after two 90 day cycles I was removed from this proper med to what Ms. Lawson and Medical Director Kwarteng stated is a better treatment, I am given one 325mg aspirin, and 25mg Nortriptyline, neither of these meds is for inflammation of the joints, which is swelling of the area, thus causing the pain, aspirin is an all purpose pain med, but Nortriptyline is in its proper usage is for anti-depressant behavior, and by the attached I-60, Ms. Lawson wants me to have the dosage doubled. Again, neither of this new prescribed meds are for inflammation, which is the cause of the pain.

Furthermore, both Ms. Lawson, and Medical Director Kwarteng state that Naproxen would cause serious liver & kidney problems, yet at no time have either ever had me tested for liver problems, or kidney problems, their practice here on this Units Infirmary is to treat whatever ailment that an Offender states he has, without doing a proper work-up or physical examination of the problem. In my case I was seen about 18 months ago for a routine annual examination, I explained about pain in my feet, hands and elbow, without even looking at me, examining the areas in question x-rays were ordered, and later the x-rays revealed arthritic areas, but there was at no time any follow up evaluations or examinations, no hands on review of what I was complaining about.

I don't ride sick call, the medical department doesn't care that my condition is causing me

a great deal of pain & suffering, thus they are medically indifferent to my medical needs and treatment, the I-60 is required to begin the process of the grievance procedure, I have made an effort to resolve this matter with Ms. Lawson as is required by CMHC Policy 12.1, her reply was unsatisfactory, thus I will proceed with a Step-I.

~~* ATTACHED ORIGINAL I-60 *~~

Action Requested to resolve your Complaint. I wish to be treated properly, and given the proper medication to treat the inflammation and pain of arthritis, and I wish to have the infirmary to revise their policy on treating Offenders.

Offender Signature: John Fain Date: July 24th 2017 (5:00 PM)

Grievance Response:

Offender Fain, aspirin is non-steroidal anti-inflammatory drug, or NSAID; exactly the same as Naproxen. It was the first NSAID to be used. Nortriptyline is commonly used to control long term-chronic pain, being far more effective than other classes of drugs for that use. Your creatinine level is high enough to make prescribing you Naproxen contra-indicated. Your Naproxen prescription expired on 4/2/17 and was not renewed. You had complete blood work on in April, prior to your Chronic Care Clinic that gave the provider the proper information to make his determination. I do not make clinical decisions. I merely attempt to educate/explain why a decision was made when a patient submits an informal grievance.

Signature Authority: Young, Jan Date: 8-31-17

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days. *
- 3. Originals not submitted. *
- 4. Inappropriate/Excessive attachments. *
- 5. No documented attempt at informal resolution. *
- 6. No requested relief is stated. *
- 7. Malicious use of vulgar, indecent, or physically threatening language. *
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance #_____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

2nd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission UGI Initials: _____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____



Texas Department of Criminal Justice

STEP 1

OFFENDER
GRIEVANCE FORMOffender Name: Roger Fain TDCJ # 00700474Unit: Wm.G.McConnell Housing Assignment: 19 Y-007Unit where incident occurred: Unit Infirmary

OFFICE USE ONLY

Grievance #: 2017171272Date Received: 7.27.17Date Due: 9.10.17Grievance Code: C018Investigator ID #: 1950

Extension Date: _____

Date Retd to Offender: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? I-60 per CMHC Policy 21.1 Tanya Lawson, Manager When? 7.18.17

What was their response? Didn't address the issues, just informed me to fill out a sick-call request

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

On July 18th 2017, I sent to Ms. Lawson, Practice Manager an I-60 per CMHC Policy 21.1 where it's necessary to attempt an informal resolution of the matter. I stated my problem, (see attachment), and Ms. Lawson's reply was I was given another medication for pain for my arthritis because the medical department seems to be of the opinion that the proper medicine for my pain for arthritis could cause me liver & kidney problems.

Naproxen is the prescribed medicine for arthritis pain & inflammation, I was receiving this, and it was doing the job, but after two 90 day cycles I was removed from this proper med to what Ms. Lawson and Medical Director Kwarteng stated is a better treatment, I am given one 325mg aspirin, and 25mg Nortriptyline, neither of these meds is for inflammation of the joints, which is swelling of the area, thus causing the pain, aspirin is an all purpose pain med, but Nortriptyline is in its proper usage is for anti-depressant behavior, and by the attached I-60, Ms. Lawson wants me to have the dosage doubled. Again, neither of this new prescribed meds are for inflammation, which is the cause of the pain.

Furthermore, both Ms. Lawson, and Medical Director Kwarteng state that Naproxen would cause serious liver & kidney problems, yet at no time have either ever had me tested for liver problems, or kidney problems, their practice here on this Units Infirmary is to treat whatever ailment that an Offender states he has, without doing a proper work-up or physical examination of the problem. In my case I was seen about 18 months ago for a routine annual examination, I explained about pain in my feet, hands and elbow, without even looking at me, examining the areas in question x-rays were ordered, and later the x-rays revealed arthritic areas, but there was at no time any follow up evaluations or examinations, no hands on review of what I was complaining about.

I don't ride sick call, the medical department doesn't care that my condition is causing me

GRIEVANCE INVESTIGATION WORKSHEET

Officer FSP 100-1000

Unit: <u>ML</u>	Staff Name: <u>Medical</u>	Grievance #: <u>2017179272</u>	Date: <u>07/27/17</u>
Offender Name: <u>Fain, Roger</u>	TDCJ # <u>700474</u>	Housing Location: <u>19Y-007</u>	

In accordance with BP-03.77, you are required to participate in this investigation as noted. Address each allegation thoroughly. Do not respond with indefinite answers such as "I don't know" or "I have no knowledge of". If you have no knowledge, explain the reason why, (e.g., I was on vacation; I was not assigned there, etc.). Your answers are to be factual, professional, and complete. Do not include opinions or unrelated comments. Remember, the Executive Director, Office of the Inspector General (OIG), Attorney General's Office and State and Federal Court Officials may review your response. All grievances are confidential and may not be discussed between you and the offender or with other individuals. You are expected to return this investigation within 10 working days of receipt. Additional time may be requested by contacting the grievance investigator. Sign and date the form in the designated locations when completed and return to the Unit Grievance Office. If you were provided a narrative copy of the grievance, it must also be returned to the Unit Grievance Office. The grievance may not be duplicated or shared with the accused staff member.

Please Provide the Following Document

<input type="checkbox"/> Participant	<u>09/10/17</u>	
<input type="checkbox"/> Witness(es) Statement (signed):		
<input type="checkbox"/> Activity Logs (Recreation, Shower, Feeding)	<input type="checkbox"/> Other:	
<input type="checkbox"/> Shift Roster	<input type="checkbox"/> Staff or Offender Protection Investigation	
<input type="checkbox"/> Ingress/Egress Log	<input type="checkbox"/> Property Inventory Forms	
<input type="checkbox"/> Property Confiscation Form	<input type="checkbox"/> Property Logs	

Offender claims he needs to return to his prescription of naproxen because aspirin and nortriptyline do not reduce his swelling.

EMPLOYEE STATEMENT:	

PRINTED NAME	DATE
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SIGNATURE	RANK/TITLE	SHIFT/DEPARTMENT
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SUPERVISORS COMMENTS:

<u>OFFENDER WAS SEEN ON 4/28/17 AND HE WAS ADVISED TO AVOID MEDICATIONS LIKE NAPROXEN THAT CAN EXACERBATE HIS KIDNEY FUNCTION WITH HIS CREATIONINE ALREADY GREATER THAN 1 (ONE). HE WAS GIVEN MEDICATION THAT IMPACTS THE KIDNEY TO A LESSER DEGREE THAN NAPROXEN,</u> <u>ISAC KWARTZEN</u>		
PRINTED NAME	DATE	

SIGNATURE	MEDICAL	SHIFT/DEPARTMENT
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Grievance Investigation Worksheet**Restricted & Confidential**

Grievance Office Use Only				Step 1
				Step 2 X
Unit: ML - MCCONNELL		Investigator ID: RKE3160	Date Initiated: 9/19/17	Date Completed: 9/28/17
Offender Name: FAIN,ROGER		TDCJ No: 00700474		Due Date: 10/29/17
Issue Code: 618	Emergency Yes () No (X)	ADA () Disciplinary () Medical (X)	Property () Religion () OPI Investigation ()	PREA () Use of Force (UOF) () Harrassment or Retaliation * ()
* Harassment or Retaliation for use of the Grievance Procedure, Access to Courts, or other legal activity				

NOTE: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual assault, sexual abuse, criminal acts by staff, Excessive or Unreported UCF, the investigation must be conducted by the Office of the Inspector General (OIG) and the OIG Fact Sheet completed.

Summary of Issue: (include date, time and location.) See Step 1 OG-01 Grievance Investigation Worksheet

Offender Fain complained he was given another medication for pain for his arthritis because the medical department seems to be of the opinion that the proper medicine for his arthritis pain could cause liver and kidney problems. He complained to be treated properly and given the proper medication to treat the inflammation and pain of arthritis. Also, he complained for the infirmary to revise their policy on treating Offenders. ///

Requested Remedy: See Step 1 OG-01 Grievance Investigation Worksheet.

The following is to be completed and signed by the Investigating Official. Attach Statements/Support Documentation, if applicable.

Summary of Fact Finding Activity:

Concur with findings from Step 1. ///

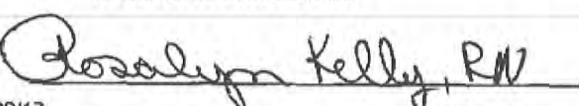
Suggested Response to Offender:

A review of the Step 1 Medical Grievance has been completed regarding your complaint to be given another medication for your arthritis pain. Also you complained to be treated properly and given the proper medication to treat the inflammation and pain of arthritis. You complained for the infirmary to revise policy on treating Offenders. ///The review shows you are currently prescribed Aspirin which is a pain/anti-inflammatory medication. Also, the indication for Nortriptyline states it relief symptoms of depression and chronic pain. Appellate review of your Health Record shows on 07/27/2017, you were seen by the Mental Health (MH) provider and you requested to know whether Nortriptyline is a psychotropic medication. You were informed by the MH provider that Nortriptyline can be prescribed to ameliorate/alleviate symptoms of depression and can be prescribed by the medical department for medical reasons to include pain control. The documentation in your Health Record shows you have been afforded access to proper medical care. ///If you feel your medical condition has changed or warrants further evaluation, submit a Sick Call Request to discuss your concerns with a licensed medical provider.

OUTCOME CODE: DENIED/NO ACTION IS WARRANTED (Grievance Office Use Only)**RESOLUTION CODE: 2.02**

Investigating Official completes the section below.

Printed Name: KELLY, ROSALYN

Signature: 

Title: RN II

Date: 9/29/17

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-03.82. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.

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Dale Dorman, RN
Manager III
TDCJ Health Services